

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021035

318

1003

5038

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED MAY 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) -  
OR TOWN St. LouisLength of stay in 1b  
6-daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. John's HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Hathaway Manor

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
10700 HallsteadReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Dr. George Stecker4. DATE OF DEATH  
Month Day Year  
May 16th., 19625. SEX  
M.6. COLOR OR RACE  
W.7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
8/29/18969. AGE (last birthday)  
65IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Doctor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Fort Sill, Okla.12. CITIZEN OF WHAT COUNTRY  
U.S.

## 13a. FATHER'S NAME

Ernest Stecker

## 13b. MOTHER'S MAIDEN NAME

Ellen Druery

## 14. NAME OF HUSBAND OR WIFE

Mrs. Marie Stecker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Marie Stecker, 10700 Hallstead

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of the colon

## INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

153.8

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1961 to 5/16/62 and last saw him alive on 5/16/62  
Death occurred at 6:30 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John H. Winter M.D.

## 22b. ADDRESS

634 W. Grand

## 22c. DATE SIGNED

5/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

5/19/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Arthur J. Donnelly 3840 Lindell Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAY 18 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4698

P. O. Address 3840 Lomb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.